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PATENT APPLICATION	NC
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Attorney Docket No.		Vo.	2001P24366US				
First Inventor Pe		1	ter Tiemann				
Title	Comb	usti ousti	on Chamber for Combusting a ble Fluid Mixture				
			ED 270460052 US				

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	nonnrovisional anni	ications under 37 C.F.	R. 1.53(b))	Expres	ss Mail Label No	E	₹ 3721	60053 US		
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	Complete if Known			
FEE TRANSMITTAL	Application Number	NOT YET ASSIGNED		
for FY 2003	Filing Date	September 26, 2003		
	First Named Inventor	Peter Tiemann		
Effective 01/01/2003. Patent fees are subject to annual revision.	Examiner Name	NOT YET ASSIGNED		
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	NOT YET ASSIGNED		
TOTAL AMOUNT OF PAYMENT (\$) 750	Attorney Docket No.	2001P24366US		

TOTAL AMOU				÷				EEE CA	A CIII ATION (continued)	
METHOD OF PAYMENT (check all that apply)				+	FEE CALCULATION (continued) 3. ADDITIONAL FEES					
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Deposit					051	130	2051	65	Surcharge - late filing fee or oath	
Account 19-2179 Number						50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
Donocit		1	1053	130	1053	130	Non-English specification			
Deposit Account SIEMENS CORPORATION					1812	2,520	1812	2,520	For filing a request for reexamination	
Name						920*	1804	920*	Requesting publication of SIR prior to Examiner action	
The Director is authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge any additional fee(s) during the pendency of this application						1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
☐ Charge fee(s) i	ndicated belo	ow, except for the f	ling fee	1	1251	110	2251	55	Extension for reply within first month	
to the above-ident	ified deposit	account.		┥	1252	410	2252	205	Extension for reply within second month	
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1002	2002 165	Design filing fee		1	1403	280	2403	140	Request for oral hearing	
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1005 160	2005 80	Provisional filling	ee	j	1452	110	2452	55	Petition to revive - unavoidable	
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Multiple Dependent		x [= 0]	8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
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1201 84	2201		claims in excess of 3 endent claim, if not paid	d		750	2801	375	Request for Continued Examination (RCE	a
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**or number pre	eviously paid	, if greater; For Reis	sues, see above							

SUBMITTED BY Complete (if applicable)									
Name (Print/Type)	John P. Musone	Registration No. Attorney/Agent)	44,961	Telephone	407-736-6449				
Name (Printi Type)		L		Date	September 26, 2003				
Signature	It ! Mucon				 				

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